

HOME AND COMMUNITY BASED CARE WAIVERS: TECHNOLOGY ASSISTED WAIVER

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In-home care is offered as an alternative to institutional care for individuals who are dependent upon technological support and require substantial, ongoing nursing care. If the individual is under age 21, it must be determined that he/she would otherwise require hospitalization. If over age 21, the individual must be eligible for a specialized nursing facility bed or other comparable institutional setting prior to admission to the waiver. Private duty nursing, personal assistance and respite care services are provided under this waiver. To receive waiver services, the provision of home and community-based care must be determined to be a medically appropriate and cost-effective alternative to hospital care or specialized nursing facility care and must be pre-authorized by DMAS. Individuals may not receive services under any other home and community based waiver while receiving services under this waiver. The waiver year runs from July 1st through June 30th, starting July 1, 1997.

	Private Duty Nursing	Personal Assistance	Respite Care	Environmental Modifications	Assistive Technology
Effective Date	December, 1988	July, 1995	December, 1988	July, 1995	December, 2001
Covered Services	Reimbursement for care provided by a Registered Nurse or a Licensed Practical Nurse for up to 24 hours/day the first month of service and up to 16 hours/day thereafter as determined by the Health Care Coordinator.	Reimbursement for a Personal Care aide or Respiratory Therapist to provide non-skilled service for individuals over the age of 21.	Reimbursement for care provided by a Registered Nurse or a Licensed Practical Nurse as respite for up to 15 days or 360 hours per calendar year.	Reimbursement for physical adaptations to a house, or place of residence.	Equipment, devices, and supplies that aid the individual in communicating, and which are necessary to maintain the individual at home.
Excluded Services	Amount limited only by medical necessity and cost effectiveness.			Only pertains to the physical structure of the residence.	
Pre-assessment/ Development of Plan of Care	For adults (21 yrs. and older) a Pre-admission Screening Team completes the pre-assessment and a Health Care Coordinator employed by DMAS does a home visit to give authorization of services. For children, the Health Care Coordinator conducts a pre-assessment and determines authorization of services.				
Providers	Private duty nursing providers approved to render nursing services as either continuous nursing or as respite nursing and personal assistance services. Providers must have an approved DMAS agreement prior to providing services.				
Billing	Providers bill monthly using procedure codes to indicate the type of service provided. Reimbursement is made for the number of hours that the RN or LPN provided care during a calendar month based on an hourly reimbursement rate.				
Current Rates	RN: No. VA: \$30.00/hr Rest of State: \$24.70/hr LPN: No. VA: \$26.00/hr Rest of State: \$21.45/hr	Aide: No. VA: \$13.38/hr Rest of State: \$11.36/hr Respiratory Therapist: Northern VA: \$18.00/hr Rest of State: \$15.00/hr	RN: No. VA: \$30.00/hr Rest of State: \$24.70/hr LPN: No. VA: \$26.00/hr Rest of State: \$21.45/hr	Limited to \$5,000 per calendar year per individual.	Limited to \$5,000 per calendar year per individual.

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**HOME AND COMMUNITY BASED CARE WAIVERS:
TECHNOLOGY ASSISTED WAIVER (Continued)**

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Year	Total Number of Recipients	Total Payments	Total Cost Per Recipient	Private Duty Nursing			Personal Care			Respite Care Services		
				Number of Recipients	Payments	Avg. Cost per Recipient	Number of Recipients	Payments	Avg. Cost per Recipient	Number of Recipients	Payments	Avg. Cost per Recipient
1989	12	\$343,432	\$28,619									
1990	20	831,161	41,558									
1991	82	2,682,491	32,713									
1992	120	4,399,938	36,666									
1993	131	5,877,100	44,863		\$5,770,330						\$106,770	
1994	141	7,700,077	54,610		7,489,316						210,761	
1995	180	9,993,208	55,518		9,660,559						332,649	
1996	183	11,529,988	63,005		10,705,051						824,937	
1997	160	19,021,568	118,889		17,999,193						1,022,375	
1998	210	13,379,442	63,712		13,014,747						364,695	
1999	233	14,734,829	63,240		14,319,020						415,809	
2000	247	15,884,331	64,309		15,490,479						393,852	
2001	280	17,406,038	62,164		16,996,050						409,954	
2002	308	17,861,853	57,993		17,467,356						381,831	
2003	337	20,269,065	60,146	337	19,754,200	58,618	6	8,899	1,483	177	502,356	2,838
2004	340	19,648,061	62,128	339	19,060,002	56,224	7	35,020	5,003	186	527,815	2,838

	Environ. Mod.			Assist. Tech.			Please note: Prior to July 1, 1997, the waiver year ended on November 30th of each year. Starting on July 1, 1997, it runs from July 1st through June 30th. The amounts shown for 1997 represent a transition year, with 19 months included (December 1, 1995 - June 30, 1997)
Year	Number of Recipients	Payments	Avg. Cost per Recipient	Number of Recipients	Payments	Avg. Cost per Recipient	
2003	3	3,610	1,203	0	0	0	
2004	5	22,004	4,401	1	3,220	3,220	

Sources: DMAS Long-Term Care Division
 HCFA-372 Report series, "Annual Report on Home and Community Based Waiver"
 Notes: This report is normally updated in November upon receipt of fiscal year data.

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